

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589253

FILING DATE

8.11.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4	1		1			
5						
6	2					
7	1		1			
8	1		1			
9	1		1			
10	2					
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	4					
16	1		1			
17						
18						
19						
20						
21	5		8			
22	1					
23	1		8			
24	1					
25	1					
26	1					
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48						
49						
50						
TOTAL IND.			5			
TOTAL DEP.			21			
TOTAL CLAIMS			26			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						